



City of Seattle
Department of Design,
Construction and Land Use

Key Tower, 700 Fifth Ave, Suite 2000, Seattle, WA 98104-5070

Phone: (206) 684-8464 Fax: (206) 684-8113

Website: www.cityofseattle.net/dclu Hours: M,W,F: 7:30-5:30 T,Th: 10:30-5:30

PERMIT APPLICATION

Refrigeration

Work Site Address: _____ Zip: _____

Work Activity Location: _____ Apt/ Suite: _____

Occupancy: ☐ Single Family/Duplex ☐ Multi-Family ☐ Commercial ☐ Institutional ☐ Industrial

Description of Work: _____

| WORK SITE OWNER/TENANT INFORMATION | CONTRACTOR INFORMATION |
|---|---|
| <input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip: _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax | Seattle Refrigeration Contractor License #: _____ Contractor Company Name: _____ Phone: _____ Fax: _____ Address: _____ Apt/Ste#: _____ City/State: _____ Zip: _____ How would you like to receive your permit? <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax |

☐ ALTERATIONS OR REPAIRS: Declared Value of Work: \$ _____

☐ NEW INSTALLATIONS:

| Compressor Type | Quantity |
|-----------------------|----------|
| 0 to 5 Horsepower | |
| 6 to 25 Horsepower | |
| 26 to 100 Horsepower | |
| 101 to 500 Horsepower | |
| Over 500 Horsepower | |

☐ TEMPORARY USE: Number of Temporary Installations: _____

Dates of Use: From: _____ To: _____

Warning!

The City of Seattle Mechanical Code requires all individuals or entities engaged in the installation of refrigeration equipment to have a valid City of Seattle Refrigeration Contractor License.

I certify that the work to be performed under this application will be done in conformance with the City of Seattle Municipal Code.

Signature: _____ Date of Application: _____
Contractor or Owner (or authorized agent)

PAYMENT INSTRUCTIONS:

Mail checks to:

- ☐ Cash ☐ Check DCLU, P.O. Box 34234, Seattle, WA 98124-1234
☐ Charge my escrow (ADA) account # _____
☐ Call me at () _____ so I can charge to a credit card.

DCLU USE ONLY:

Permit #: _____

Permit Fee: _____